

**Flathead County**  
**Planning & Zoning**  
1035 1<sup>st</sup> Ave W, Kalispell, MT 59901  
Telephone 406.751.8200 Fax 406.751.8210

**FIRST MINOR SUBDIVISION**  
**APPLICATION FOR ADMINISTRATIVE APPROVAL OF**  
**PRELIMINARY PLAT**

*Submit this application, all required information, and appropriate fee (see current fee schedule)  
to the Planning & Zoning office at the address listed above.*

**FEE ATTACHED \$** \_\_\_\_\_

**SUBDIVISION NAME:** \_\_\_\_\_

**OWNER(S) OF RECORD:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**APPLICANT (IF DIFFERENT THAN ABOVE):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**TECHNICAL/PROFESSIONAL PARTICIPANTS:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**LEGAL DESCRIPTION OF PROPERTY:**

Street Address \_\_\_\_\_

City/State & Zip \_\_\_\_\_

Assessor's Tract No.(s) \_\_\_\_\_ Lot No.(s) \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_

**GENERAL DESCRIPTION OF SUBDIVISION:** \_\_\_\_\_

Number of Lots or Rental Spaces \_\_\_\_\_ Total Acreage in Subdivision \_\_\_\_\_  
Total Acreage in Lots \_\_\_\_\_ Minimum Size of Lots or Spaces \_\_\_\_\_  
Total Acreage in Streets or Roads \_\_\_\_\_ Maximum Size of Lots or Spaces \_\_\_\_\_  
Total Acreage in Parks, Open Spaces and/or Common Areas \_\_\_\_\_

**PROPOSED USE(S) AND NUMBER OF ASSOCIATED LOTS/SPACES:**

Single Family \_\_\_\_\_ Townhouse \_\_\_\_\_ Mobile Home Park \_\_\_\_\_  
Duplex \_\_\_\_\_ Apartment \_\_\_\_\_ Recreational Vehicle Park \_\_\_\_\_  
Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Planned Unit Development \_\_\_\_\_  
Condominium \_\_\_\_\_ Multi-Family \_\_\_\_\_ Other \_\_\_\_\_

**IS SUBJECT PROPERTY LOCATED WITHIN 3-MILE BUFFER OF KALISPELL,  
WHITEFISH, OR COLUMBIA FALLS?** \_\_\_\_\_

**APPLICABLE ZONING DESIGNATION & DISTRICT** \_\_\_\_\_

**IMPROVEMENTS TO BE PROVIDED:**

**Roads:** \_\_\_\_\_ Gravel \_\_\_\_\_ Paved \_\_\_\_\_ Curb \_\_\_\_\_ Gutter \_\_\_\_\_ Sidewalks \_\_\_\_\_ Alleys \_\_\_\_\_ Other \_\_\_\_\_

**\* Water System:** \_\_\_\_\_ Individual \_\_\_\_\_ Shared \_\_\_\_\_ Multiple User \_\_\_\_\_ Public \_\_\_\_\_

**\* Sewer System:** \_\_\_\_\_ Individual \_\_\_\_\_ Shared \_\_\_\_\_ Multiple User \_\_\_\_\_ Public \_\_\_\_\_

**Other Utilities:** \_\_\_\_\_ Cable TV \_\_\_\_\_ Telephone \_\_\_\_\_ Electric \_\_\_\_\_ Gas \_\_\_\_\_ Other \_\_\_\_\_

**Solid Waste:** \_\_\_\_\_ Home Pick Up \_\_\_\_\_ Central Storage \_\_\_\_\_ Contract Hauler \_\_\_\_\_ Owner Haul \_\_\_\_\_

**Mail Delivery:** \_\_\_\_\_ Central \_\_\_\_\_ Individual \_\_\_\_\_ School District: \_\_\_\_\_

**Fire Protection:** \_\_\_\_\_ Hydrants \_\_\_\_\_ Tanker Recharge \_\_\_\_\_ Fire District: \_\_\_\_\_

**Drainage System:** \_\_\_\_\_

\* **Individual** (one user)

**Shared** (two user)

**Multiple user** (3-9 connections or less the 25 people served at least 60 days of the year)

**Public** (more than 10 connections or 25 or more people served at least 60 days of the year)

The application for Administrative Approval of a First Minor Subdivision Preliminary Plat will be reviewed pursuant to provisions and qualifying criteria outlined in Section 4.2.3 of the Flathead County Subdivision Regulations.

**APPLICATION CONTENTS:**

1. Completed preliminary plat application.
2. One folded copy of the preliminary plat (*either 18" X 24" or 24" X 36" per Appendix B-Flathead County Subdivision Regulations*).
3. One reduced copy of the preliminary plat not to exceed 11" x 17" in size.
4. One reproducible set of supplemental information (*See Appendix B -Flathead County Subdivision Regulations*).
5. Completed Impact Criteria Report (*per Appendix D - Flathead County Subdivision Regulations*).
6. Application fee.

*This application shall be submitted, along with all information required by the applicable Subdivision Regulations and the Montana Subdivision and Platting Act, and the appropriate fee to:*  
**Flathead County Planning & Zoning Office 1035 First Avenue West**  
**Kalispell, Montana 59901 - Phone: (406) 751-8200 Fax: (406) 751-8210**

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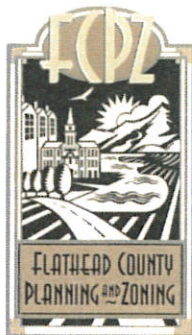
*I hereby certify under penalty of perjury and the laws of the State of Montana that the information submitted herein, on all other submitted forms, documents, plans or any other information submitted as a part of this application, to be true, complete, and accurate to the best of my knowledge. Should any information or representation submitted in connection with this application be untrue, I understand that any approval based thereon may be rescinded and other appropriate action taken. The signing of this application signifies approval for the FCPZ staff to be present on the property for routine monitoring and inspection during the approval and development process.*

\_\_\_\_\_  
Owner(s) Signature (*all owners must sign*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature (*if different than above*)

\_\_\_\_\_  
Date



1035 First Ave West  
 Kalispell, MT 59901  
**OFFICE** 406.751.8200  
**FAX** 406.751.8210  
**EMAIL** [planningweb@flathead.mt.gov](mailto:planningweb@flathead.mt.gov)  
**WEB** [flathead.mt.gov/planning\\_zoning](http://flathead.mt.gov/planning_zoning)

## CUSTOMER SERVICE SURVEY

Our mission is to provide you with the best possible service. Please help us serve you and others better by taking a few minutes to answer the questions below. Our office genuinely appreciates your time and your feedback.

**What was the nature of your contact with us?** (Please check all that apply)

General Information

Permitting (Lakeshore, Floodplain, Zoning, Subdivision)

Pre-application Conference

Other \_\_\_\_\_

<b>Please Check as Appropriate:</b>					
	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>No Comment</b>
Staff was courteous and helpful					
Staff provided accurate information to me					
Staff response was considerate of my time					
My overall experience was positive					
<b>Please complete the section below if your contact with us involved permitting:</b>					
The permitting process was understandable					
The regulations were understandable					
Application instructions were understandable					
Terms and conditions of the permit were understandable					

We provide opportunities for staff to be recognized for exemplary customer service. Please indicate the names of any staff person(s) you would like to commend:

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If you feel we fell short in meeting your service expectations, please describe the situation including the name of the staff person involved (if applicable) and the date the incident occurred:

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As a result of your experience with us, what service-related improvement(s) can you recommend?

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**Contact Information (Optional)**

Your name: \_\_\_\_\_

Email: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Date submitted: \_\_\_\_\_

**Please hand deliver, email, fax or mail form to:**

Flathead County Planning and Zoning  
1035 First Avenue West, Ste C200  
Kalispell, MT 59901  
Email: [Planning.Zoning@flathead.mt.gov](mailto:Planning.Zoning@flathead.mt.gov)  
Phone: (406) 751-8200  
Fax: (406) 751-8210

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